

| SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM |                  |                          |              |                          |                |
|---|------------------|--------------------------|--------------|--------------------------|----------------|
| UNCLASSIFIED                                    |                  | CONFIDENTIAL             |              | SECRET                   |                |
| <b>OFFICIAL ROUTING SLIP</b>                    |                  |                          |              |                          |                |
| TO  | NAME AND ADDRESS | DATE                     | INITIALS     |                          |                |
| 1   | The Director     |                          |              |                          |                |
| 2   | DDCI - info      | 1/19/80                  | J            |                          |                |
| 3   | DD/I - action    |                          |              |                          |                |
| 4   |                  |                          |              |                          |                |
| 5   |                  |                          |              |                          |                |
| 6   | File: SSDSG      |                          |              |                          |                |
| <input checked="" type="checkbox"/>             | ACTION           | <input type="checkbox"/> | DIRECT REPLY | <input type="checkbox"/> | PREPARE REPLY  |
| <input type="checkbox"/>                        | APPROVAL         | <input type="checkbox"/> | DISPATCH     | <input type="checkbox"/> | RECOMMENDATION |
| <input type="checkbox"/>                        | COMMENT          | <input type="checkbox"/> | FILE         | <input type="checkbox"/> | RETURN         |
| <input type="checkbox"/>                        | CONCURRENCE      | <input type="checkbox"/> | INFORMATION  | <input type="checkbox"/> | SIGNATURE      |
| Remarks:  |                  |                          |              |                          |                |
| <p><i>Copy to D/OSR</i></p>                     |                  |                          |              |                          |                |
| FOLD HERE TO RETURN TO SENDER                   |                  |                          |              |                          |                |
| FROM: NAME, ADDRESS AND PHONE NO.               |                  |                          |              | DATE                     |                |
|   |                  |                          |              |                          |                |
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